How can I help reduce Healthcare Associated Infections?

Infection control is important to the wellbeing of our patients, and for that reason we have infection control procedures in place. Keeping your hands clean is an effective way of preventing the spread of infections. We ask that you, and anyone visiting you, use the hand sanitiser available at the main entrance of the hospital and at the entrance to every clinical area before coming into and after leaving the clinical area or hospital. In some situations hands may need to be washed at the sink using soap and water rather than using the hand sanitiser. Staff will let you know if this is the case.

www.buckshealthcare.nhs.uk

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If you require a translation of this leaflet please call 01296 315858
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### NOTES:

This section is for you to make notes or write down any questions that you might want to ask the team.
The Intensive Care Unit

About Intensive Care at Buckinghamshire Healthcare Trust

The Intensive Care Unit (ICU) for Buckinghamshire Healthcare NHS Trust is made up of twenty beds spread over two hospital sites namely, Stoke Mandeville Hospital and Wycombe Hospital. The ICU at Wycombe Hospital has eight beds whilst the ICU at Stoke Mandeville Hospital has twelve beds. By virtue of the ICU being spread over two hospital sites, it may be necessary, after your relative has been admitted, to transfer them to the other ICU depending on clinical need.

There are direct telephone numbers to the ICU, which are as follows: 01494 425558 / 01494 425579

Parking

There are pay and display car parks throughout the hospital site. Whilst your relative is in ICU you may spend some time visiting. Paying to park can be an added worry for you. To reduce this worry, we are able to offer a reduced weekly parking ticket. Please speak to the nurse-in-charge of the shift or the nurse looking after your relative when you come to visit.

Visiting

We have open visiting times on the ICU. Visiting is restricted to close family and friends. Only two visitors are allowed at the patient's bedside at any given time, except in exceptional circumstances. When you arrive at the ICU there is an intercom just outside the doors. Please press the intercom to request entry into the ICU. We ask that you do not enter without first consulting with the nurse looking after your relative even if other people are entering ICU. For security and confidentiality reasons we ask that you do not hold the door open for other patients’ relatives.

There is a visitors’ waiting room within the ICU. Should you be asked to wait, please make use of the waiting room. There are facilities to make yourself a drink while you wait. There is also a toilet within the waiting room. If you are a large family, we do ask that you remain considerate of other patients’ relatives wishing to use the waiting room as space is limited. There are other places within the hospital where other family members can wait, for example, downstairs, within the main reception area.

Useful Contacts

The Intensive Care Society www.ics.ac.uk
(with a helpful patients and relatives section)
Samaritans www.samaritans.org
Tel – 08457 90 90 90
Cruse Bereavement Care www.crusebereavementcare.org.uk
Post Traumatic Stress Disorder www.sidran.org
Citizen’s Advice Bureau www.citizensadvice.org / www.adviceguide.org.uk
BBC Health website www.bbc.co.uk/health

For information on certain conditions
Break (Road Safety Campaign) www.brake.org
Cancer www.macmillan.org.uk
Diabetes UK www.diabetes.org.uk
Epilepsy Action www.epilepsy.org.uk
Guillain-Barre Syndrome www.gbs.org.uk
Headway (Brain injury) www.headway.org.uk
Meningitis Now www.meningitisnow.org
National Kidney Federation www.kidney.org.uk
Pancreatitis Supporters Network www.pancreatitis.org.uk
Spinal Injuries Association www.spinal.co.uk
Surviving Sepsis www.survivingsepsis.org
(with a helpful patients and relatives section)
The Neuropathy Association www.neuropathy.org
The Stroke Association www.stroke.org
UK Transplant www.organdonation.nhs.uk

Acknowledgements :
With many thanks to Antoinette Warner, Alison Mackey and Chris Clarke for their contributions to this booklet.
Smoking
Buckinghamshire Healthcare NHS Trust operates a no smoking policy throughout the hospital and grounds. We therefore ask that you do not smoke within the hospital premises. This includes the use of e-cigarettes.

Mobile telephones
For purposes of maintaining confidentiality, the use of mobile phones is not permitted on the ICU.

Accommodation
We do not have facilities for overnight accommodation. Relatives wishing to stay with their loved one during the night are welcome to stay at the bedside or sit in the relatives’ waiting room during nursing and personal care procedures. In an emergency, a relative or close friend may stay in the relatives’ room during the night. There are local bed and breakfast hotel facilities which may be booked by visitors. Please ask the nurse-in-charge for more information.

Children
Please check with the nurse-in-charge before bringing children younger than twelve years of age into the ICU.

Obtaining Information
Please do not read patients’ bedside notes. These are strictly confidential. Requests for access to patients’ notes have to be made in writing. The nurses and doctors are available to answer any questions that you may have and to keep you informed of the patient’s progress and condition. Please do not hesitate to ask if you would like anything explained. An appointment can be made for the next of kin to meet with the ICU Consultant on duty. Please ask the nurse looking after your loved one if you would like an appointment to be arranged for you. For purposes of maintaining confidentiality, information regarding the patient’s illness will only be given to the stated next-of-kin.

Telephone Enquiries
To help us care for your relative or friend, we request that where possible, families designate one person to telephone the ICU for updates. The designated member becomes responsible for disseminating information to the rest of the family members and friends. In order to preserve patient confidentiality, the amount of information that we can give over the telephone is restricted.

Services
These take place in the chapel situated to the right of the main entrance. The door of the chapel is usually left open during the day. After 2000hrs a key is available from the porter. The chapel is open for use by people of all faiths.

Christian prayers are held at 0830hrs from Monday to Friday. There is Holy Communion at 0930hrs on Wednesdays and at 1400hrs on Sundays.

Muslim prayers are held daily at approximately 1315hrs.

Social services
If you wish to speak to Social Services, please ask the nurse looking after your relative to make an appointment with the team on your behalf.

There is often a wait before individual cases can be reviewed by a Social Worker.

Difficulties with understanding English
If you have difficulty understanding or speaking English, an interpreter may be available to help you during consultations with the medical staff.
Facilities within Wycombe Hospital

Food and Drink
There is a small restaurant on the ground floor. Opening hours are as follows:
Monday to Friday 0730 to 2000
Saturday to Sunday 0730 to 1400

The Costa Coffee shop is also located on the ground floor. Opening hours are as follows:
Monday to Friday 0730 to 2000
Saturday to Sunday 1030 to 1900

There are also vending machines for drinks and snacks in the main reception.

Shop
There is a small shop near the café at the main entrance. A small selection of books, newspapers and confectionery is available for sale.

Cash Machine
There is a cash machine located within the main reception area.

Spiritual support
We have a chaplaincy team to support spiritual, religious and pastoral needs. Their services are available on request. They offer:

- Regular visits by a chaplain or a trained and accredited chaplaincy visitor
- A professional listening ear for needs, anxieties and concerns
- Holy communion for inpatients, if desired
- Quiet space in the Multi-Faith room
- Memorial or funeral services
- Regular religious services

We do ask that you avoid telephoning the ICU during our handover periods, which are as follows:

0745 – 0815
1945 – 2015

How to get to us

Trains
The nearest train station to the hospital is Wycombe station along the Chiltern Railway line from London Marylebone. The journey from London Marylebone station lasts between thirty and forty-five minutes.

Buses
The hospital is served by Arriva buses. For timetable information, call Traveline on 0870 608 2608.

Patient Care
The ICU at Wycombe Hospital has six beds in the open unit area. The other two beds are in individual rooms. Patients are admitted into ICU from the Cardiac Stroke Receiving Unit (CSRU), the operating theatre and the wards or directly from another hospital for close monitoring of their vital signs and for medicine and equipment to support their normal body functions.

Patients may have their own nurse to look after them or share a nurse with another depending on the care needs of each patient. The length of time a patient stays in ICU depends on the severity of their illness. Some patients recover very quickly whilst others may remain on the ICU for several weeks. Sometimes, despite our best efforts, there are patients who do not survive.

When a patient is first brought into ICU, it may take several hours to assess their condition and stabilise them. During this time, we will attach appropriate monitoring and supportive equipment and ensure that the patient is comfortable. During this time, stabilising the patient is our priority; we will do our best to keep you informed and allow you to visit as soon as possible.
The team of staff providing care for each patient includes nurses, doctors, physiotherapists, dieticians, pharmacists, radiographers, administrative staff and speech therapists. There is a doctor on the ICU at all times.

Patients also have specialist consultants who will advise on their care during their stay in ICU and take over their clinical management after discharge to the ward. Sometimes, it may become necessary to transfer your loved one to another hospital outside of our own trust. Should this be necessary, the ICU staff will keep you informed throughout the whole process.

There is one Clinical Lead Nurse who has overall responsibility for both the ICU at Stoke Mandeville Hospital and at Wycombe Hospital. She is supported by a Matron on-site at Stoke Mandeville ICU and a team of Sisters and Deputy Sisters. A Sister or Deputy Sister is responsible for co-ordinating each shift.

**Nursing**

Nurses work a variety of shifts. Shift times are as follows:

- **Early shift** 0745 – 1545
- **Late shift** 1215 – 2015
- **Long day** 0745 – 2015
- **Night shift** 1945 – 0815

Medical, nursing and support staff wear blue trouser suits when delivering care. All staff may be identified by their name badge. All the Intensive Care nurses are registered nurses and most have an additional specialist nursing qualification in critical care nursing. Healthcare assistants (HCAs) and student nurses are usually present on the ward and will assist nurses in caring for your loved one.

In order to deliver treatments and nursing care, and to conduct confidential ward rounds and handovers between staff members, you may be asked to leave the bedside and wait in the waiting room. Consultant ward rounds usually take place in the morning but the times do vary. Mornings on ICU are particularly busy.

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**When a patient dies**

Unfortunately not all critically ill patients recover and survive. The ICU consultant and other doctors and nurses will keep you informed of your loved one’s condition. You will be able to stay at your relative’s bedside until they die, if you so wish. A nurse will be available to support you during this sad time. Dying patients are always kept comfortable and peaceful. Sedation and painkillers are given and essential care continues. The unit provides a booklet with factual information which will help you deal with the initial tasks after death.

As much as is reasonably possible, religious and cultural beliefs are taken into account. Please tell the nurse looking after your relative if you have any special needs. We do ask that you bear in mind that legal procedures and requirements take precedence over religious and cultural beliefs.

**Organ donation**

Your relative may have chosen to be an organ or tissue donor by holding a donor card or by listing themselves on the NHS Organ Donor Register. If you would like information about organ donation, please ask the nurse looking after your loved one. The nurse will contact the Specialist Nurse in Organ Donation on your behalf.

**Post mortem examination**

Occasionally, when the cause of death is unknown or unclear, the Coroner will ask for a post mortem examination. This is a legal requirement. If this is required, the ICU consultant will discuss it with you.
Many of the patients admitted into the ICU are seriously ill and require a high level of nursing and medical intervention. It is highly likely that you will be asked to leave the ICU whilst these interventions are taking place. The staff will endeavour to minimise disruptions to your visit. Please understand that the needs of the patients come first at all times and we do appreciate your patience and understanding in this matter.

Patients in ICU may be unconscious due to their condition and medication but it is possible that they are able to hear even though they cannot respond. The staff always talk to unconscious patients to tell them what is happening. Please feel free to hold, touch and talk to your loved one when you visit, if you are comfortable doing so.

Is there anything you can do?
It is not uncommon to feel useless and helpless when you visit a loved one in ICU. You are not expected to do anything when you visit if you do not want to. Some people find it easier if they are doing something to help. Please talk to the nurse looking after your loved one if you would like to assist in some aspects of care. There are simple tasks that you can be involved in, such as:

- Helping with washes, shaving or mouth hygiene
- Reading from favourite books or daily newspapers
- Playing music to the patient using headphones for short periods of time
- Massaging or exercising limbs
- Starting a diary for your relative detailing daily events

One of the most important things that you can do is to look after yourself. It is not uncommon to feel the need to sit at the bedside for 24 hours a day. It is also not uncommon to feel guilty about leaving the patient’s bedside; however, having a relative in the ICU can be both very stressful and exhausting. You might also find that you experience difficulties with eating, drinking and sleeping. It is really important to ensure that you eat and drink on a regular basis. As much as possible, try and get some rest, otherwise you might also become ill. Please be assured that your relative will be very well cared for regardless of whether you are able to visit or not. The ICU staff will contact you should there be any changes in your relative’s condition.
Toiletries and personal belongings
There is limited storage space to store personal belongings in the ICU. It is possible that you may be asked to take some of your relative’s or friend’s belongings home with you. Personal toiletries such as toothbrushes, toothpaste, hairbrush or comb, deodorant, shampoo and shaving equipment are very useful.

We ask that patient valuables and money are not brought into the ICU.

Fresh flowers are also not permitted as they pose an infection risk. Cards and photographs are welcome.

Infection Control
For purposes of controlling infections, all visitors must use hand foam prior to entering and upon leaving the ICU. Alcohol foam has been proven to kill about 99% of germs in approximately thirty seconds and it is very convenient. Sometimes, you may be asked to use soap and water and then apply alcohol hand rub.

Please do not sit on beds. Occasionally, you will be asked to wear gloves and an apron at the patient’s bedside in the side rooms. You will also be asked to wear gloves and an apron if you wish to assist with personal care. If you are visiting another patient within the hospital or in another hospital, good hand hygiene is of utmost importance. Hand washing has been proven to be the single most effective way to get rid of germs.

Patients in ICU are screened regularly to help us diagnose, monitor and prevent the spread of infections. If the results are of any significance you will be informed by a member of the ICU team and depending on the nature of the infection, the patient might be moved to an isolation room. For most infections you will be provided with an information leaflet from the Infection Control Team.

What to expect
A wide range of equipment is used to support and monitor the patients on ICU. These machines might appear daunting at first, but staff will explain to you how this technology is helping your loved one. Each item of equipment used is fitted with an alarm which can be used to alert

ICU Follow-up Clinic
This is a service offered by the ICU to patients post discharge from hospital. It is run by a senior anaesthetist and an ICU Sister. Its main role is to provide ongoing support to patients as it is well recognised that the course of critical illness can potentially cause a diversity of physical and psychological problems during the recovery period. This can make the recovery process slow and frustrating. The follow-up service can therefore offer support and reassurance for both patients and their families. Attending the clinic gives former patients an opportunity to have their current health status checked by the consultant and to discuss any problems they might be experiencing due to their stay in ICU. Your relative will be invited to clinic after a period of three to four months post discharge from hospital. For further information, please speak to the nurse-in-charge of the ICU.
**Life Support Machine**
A life support machine is known as a ventilator. It is used in the treatment of critically ill people to enable them to breathe. A ventilator is used to blow air and oxygen into a patient's lungs when, because of infection, sedation or loss of consciousness, the patient is not able to breathe well enough to take in sufficient oxygen. The ventilator is attached to the patient by a tube passed down through the windpipe and voice box. As the condition of the patient improves, the support from the ventilator is gradually weaned as the body gathers strength enabling the patient to carry more of the work of breathing. Weaning can take a few hours to many days or months. Generally, the longer a patient needs full ventilation, the longer it takes to be weaned off it. Every patient is different. Whilst the tube is down the windpipe, the patient will not be able to talk to you, but speech will be possible again after the tube has been removed. When the breathing tube is removed, the patient will usually need to be given oxygen via a face mask for a few days. Patients who are weaning may be awake and can communicate by writing or pointing to letter charts. There is also an iPAD with speech software for use by patients with tracheostomies. Please ask the nurse looking after your relative.

**Medication**
Patients often need many different drugs to keep them stable and help them get better. These are given through drips often in the neck and through cannulas inserted into hand veins. The medications are administered using pumps set at the desired rate for the patient's needs and adjusted as required. Sedation and painkilling drugs are also administered in this way. This helps to keep patients comfortable and pain free as much as possible. If transfusion of blood and blood products is required (especially after operations or accidents), these are delivered using the same pumps that are used to deliver medications.

**Confusion and irritability in patients**
Seriously ill patients often require sedative and pain killing drugs given continuously into a vein through a drip. As their condition improves, the dosage may be lessened and eventually stopped. Patients who are waking up from being in a coma and/or from having these sedative drugs, sometimes go through a stage of being confused and agitated. The length of time this period of confusion lasts varies from patient to patient. This altered state of consciousness can last from a few hours to several days. Some patients will have periods when they are calm, alternating with periods of acute confusion. Others will be confused all the while. Although medication will be given to promote sleep and make the patient calm, symptoms of confusion might still persist. Patients have complained of having bad dreams during this time and sometimes of having an altered sense of what is real. You can help your loved one by reassuring them and by orientating them to their situation. This requires a great deal of patience and the staff recognise that this can be a distressing time for visitors. Please be assured that the staff realise that the patient is not behaving as they would normally; the staff also understand that during this time, patients can do and say things which are out of character.

**Tracheostomy**
When a patient needs ventilating for several days or weeks, the ICU consultant may decide that a tracheostomy (trache) would be advantageous. This is done by making a hole in the neck and windpipe. A short tube is then placed through the windpipe. This acts as the breathing tube which connects to the ventilator so that the tube in the mouth can be removed.

A tracheostomy is inserted for a number of reasons:

- It is easier to keep a patient's lungs clean by suctioning
- It is more comfortable than having a tube passing through the mouth. Patients do not need as much sedative medication meaning that they can do more breathing for themselves to help with the weaning process.
- Patients can be awake and communicative with a tracheostomy in place.
Having a tracheostomy inserted involves a short operation which is done either in the ICU by a specially trained anaesthetist or in the operating theatre by a surgeon. As with any technique undertaken on patients in ICU, there are always associated risks. These risks or complications will be thoroughly considered by the ICU Consultant before the operation is performed. During and after the procedure, the patient will be monitored by trained staff. When the patient no longer needs a tracheostomy it is removed and a dressing used to cover the hole. A small scar will remain after this.

**Obtaining consent for treatment**

Most patients in ICU are too unwell to understand what is happening to them. As a result, most are unable to give their own consent to a medical procedure or treatment.

Under English law, no one may give consent on behalf of another adult, not even their next of kin.

It is our duty as ICU staff to do what we believe to be in the patient’s best interests. This means that we need to have an understanding of what the patient might have wanted. In order to do this, the ICU consultant will discuss any plans for treatment or surgery with the next of kin. This is not necessarily to gain consent. The exception to this will be life threatening circumstances and the next of kin cannot be contacted. In this case, essential treatment will be given under the instruction of the ICU consultant.

Please be aware that the next of kin is the person named by the patient. If the patient did not have an opportunity to nominate someone prior to their admission to hospital we would refer to the person that we see as the closest to the patient who might be a relative, partner or even a close friend.

**Monitoring**

One of the principle reasons for admitting patients into ICU is to keep a close eye on them. Vital signs (such as blood pressure, temperature and heart rate) are continuously monitored using leads which attach the patient to a monitor and screen by their bed. The blood pressure is monitored all the time through a small tube inserted into an artery, usually in the patient’s wrist. This is referred to as an arterial line. It is normal for the numbers on the monitor screen to keep changing. Please do not be alarmed by the continually changing numbers on the monitor. The nurses will let you know when there is cause for concern.

**Kidney equipment**

All patients have a urinary catheter placed into their bladders and the bedside nurse will regularly measure and record how much urine is made. Kidneys can be affected by sudden acute illness and if they are not working properly, poisonous substances will build up in the patient’s body. In this instance a haemofiltration machine is used to take over the work of the kidneys. This works in a similar way to a dialysis machine. It cleans waste and removes extra fluid from the body. The duration of time that a patient will spend on the haemofiltration machine depends on the nature and course of their illness. This treatment is reviewed by the ICU consultant on a daily basis.

**Nutrition and hydration**

As critically ill patients are unable to chew and swallow they need to receive nutrients and fluid in a different way to what is normal. A dietitian works in conjunction with the ICU medical team to determine the amount of calories a patient requires. Specially formulated feed is given into the stomach or bowel via a tube entering the body through the nose. Sometimes, when this method is not possible, liquid feed is given by drip into a vein. Regardless of the method used, the rate of feed is controlled by a pump and the patient is fed only the amount prescribed by the doctor.